

<b>Case Number:</b>	CM15-0014778		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	12/27/2009
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 34-year-old female who reported an injury on 12/27/2009 due to an unspecified mechanism of injury. On 11/20/2014, she underwent a CT scan of the cervical spine which showed no evidence of cervical spine fracture or malalignment and a prior C6-7 ACDF with anterior stopper screw fixation and disc prosthesis at C5-6 with an interbody fusion that appeared to be mature and the metallic hardware was intact without complication. On 01/14/2015, she presented for a followup evaluation. She reported severe neck pain that radiated into the left shoulder blade. A physical examination of the cervical spine showed tenderness to palpation about the paracervical musculature as well as the left trapezius musculature. There was decreased sensation of the left C5 dermatome and range of motion included flexion of 20 degrees, external rotation of 10 degrees and lateral rotation of 45 degrees with a healed 3 cm scar on the injured worker's anterior neck. She was diagnosed with work related slip and fall, cervical spine strain with moderate to severe myofascial strain, thoracic myofascial strain, lumbar spine strain and status post disc replacement and anterior fusion in the cervical spine. The treatment plan was for a C5-6 cervical steroid injection, epidurography and anesthesia. The rationale for treatment was to treat the injured worker's symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**C5-6 Cervical Steroid Injection Epidurography and Anesthesia: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**Decision rationale:** The California MTUS Guidelines indicate the epidural steroid injections are recommended for those who have radiculopathy signs and symptoms on examination that corroborate with imaging studies and for those who have failed all recommended conservative therapy. Clinical documentation submitted for review does indicate that the injured worker has decreased sensation; however, there is a lack of documentation showing that she has evidence of radiculopathy on the CT scan that was performed to support the request. Also, there is a lack of documentation showing that she has tried and failed all recommended conservative therapy options prior to the request. Furthermore, the rationale for performing the injection under anesthesia was not provided and would not be supported without documentation that the injured worker has a condition such as anxiety that requires anesthesia. Therefore, the request is not supported. As such, the request is not medically necessary.